

## **COMMUNITY CENTER RESERVATION FORM**

Office Hours are 1:30 – 4:30 pm; Mondays, Wednesdays & Thursdays

Please fill out all information and sign at the bottom where indicated.

## **RENTER'S INFORMATION:**

Name:		
Address:		
City/Zip:		
Phone:	Cell:	
E-Mail:		
Type of Event		
Date of Event	Time: _	to
Is any type of music being used? Yes/No	circle one	DJ/ Band/Electronic
Number of Guests Expected:		(Limit 80 Persons)
24 HOUR VIDEO SURVEILLANCE (A FEES:		,
Deposit Fee		
Rental Fee		
I HAVE RECEIVED, READ AND UN COMMUNITY CENTER RENTER'S A BY THEM.		
Signature of Renter	Date	
City Secretary/Mayor	Date	